

Fenwick Island Police Department
800 Coastal Hwy.
Fenwick Island, DE 19944

WILLIAM H. BOYDEN
Chief of Police



Emergency 911
Police Dept. 302.539.2000
Fax 302.539.2519

Dear Homeowner:

In an effort to provide better service to the community, the Fenwick Island Police Department maintains a house registry. The purpose of this registry is simple – if a homeowner is not available, how might we contact him? Or, if the homeowner is out of town, who acts as his agent?

During the fall and winter months, members of the Fenwick Island Police Department physically inspect the homes in Town. In the event an open door or window is located, we will attempt to correct the problem. If we cannot, we will notify you, the homeowner, at the address and phone number you provide. If you desire, we will also notify a local resident who you authorize to act on your behalf.

If you will be away during the winter, please provide the address and phone number where you can be contacted. Provide the name and phone number of a local resident who we may contact if we cannot reach you. This person will act on your behalf in matters requiring immediate attention.

If you have any questions or concerns, please feel free to contact us. We are always glad to hear from you.

Sincerely,

William H. Boyden
Chief of Police

WHB/adip

TODAY'S DATE

NAME

MY FENWICK ISLAND ADDRESS IS

MY FENWICK ISLAND TELEPHONE IS

MY CELL PHONE IS

MY EMAIL IS

MY OUT OF TOWN ADDRESS IS

MY OUT OF TOWN TELEPHONE IS

MY LOCAL CONTACT NAME

MY LOCAL CONTACT PHONE

MY LOCAL CONTACT ADDRESS

I EXPECT TO BE AWAY FROM

TO

NAME: _____

FENWICK ISLAND ADDRESS: _____

The hurricane season covers the period from June through November of any given year. Please answer the following questions as a response to a Hurricane Event.

During the Hurricane Season, I reside in Fenwick _____ % of the time.

When I am NOT in Fenwick Island, my house is occupied.

Yes

No

If YES, please provide information regarding the occupants of the residence.

If the Governor declares an evacuation, while you are in Fenwick Island will you

**Return to primary residence
Go to alternate residence**

**Go to Red Cross Shelter
Stay with family/friends**

I wil NOT evacuate

Will you need assistance to evacuate?

Yes

No

What type?

I understand that if I do not evacuate when instructed to do so the following events may occur:

I may be stranded in my home for several days.

The police and/or fire company may not be able to rescue me.

That as a result of staying, I may die from the effects of the storm.

SIGNATURE _____ **DATE** _____

Please insert name of next of kin to notify:

Name: _____

Address: _____

Phone: _____

NAME: _____

FENWICK ISLAND ADDRESS: _____

PERMANENT ADDRESS: _____

During the recovery phase, who will be responding to assess the condition of your residence? (Businesses are not acceptable for initial re-entry)

I will return to assess damage

My agent will return to assess damage

NAME _____

ADDRESS _____

PHONE _____

NAME _____

ADDRESS _____

PHONE _____

I understand that emergency response personnel may deny access to anyone until the situation is considered safe. I understand that anyone seeking access may be denied unless all conditions for re-entry have been met. I understand that anyone not listed above may be denied access.

In order to gain access to your property you must have in your possession: a current tax bill and photo identification. In the event that your property has multiple owners or is held in trust, one or two persons must be designated as primary responders. If anyone other than the person(s) specified above attempts to gain access, they may be denied.

In order to gain access to your property you must follow all directions given by official personnel. This may include reporting to a staging area prior to entry into Fenwick Island. Please follow all instructions exactly and to the letter. Please understand that personnel other than staff of Fenwick Island may be operating any or all checkpoints and they may deny access to anyone not properly documented or not in compliance with instructions.

SIGNATURE _____ **DATE** _____

Please return to: FIPD, 800 Coastal Hwy, Fenwick Island, DE 19944